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## ORIGINAL.

### TUMORS AND THEIR TREATMENT.

BY W. H. WALLING, A. M., M. D.,  
PHILADELPHIA.

As stated in the preceding article, all tumors are suspicious in character, and should receive prompt attention. This is especially true of tumors of the breast, as they so frequently develop into cancer. If taken early they may be entirely removed without operation, by means of the galvanic current properly applied. The writer has had quite a large number of such cases, two only of which will be reported here, as they were of more than passing interest.

Mrs. C., aged 49, tumor of the left breast appeared in 1887. It had developed slowly but steadily until it had attained to the size of a small orange, causing pain and much apprehension. She had been treated by medication without any amelioration, and an operation for extirpation was advised. To this she would not consent, and placed herself under elec-

trical treatment. The methods used caused some slight diminution in the growth, but did not remove it. In 1893 she was referred to the writer by her physician, and treatment by cataphoresis at once instituted. The tumor steadily declined from the date of beginning the treatment, finally disappearing altogether, and at this date there is no sign of its reappearance.

Mrs. P., aged 40. A tumor appeared in the left breast in the spring of 1897, and grew at quite a rapid rate. It was diagnosed as a cancer by several prominent physicians and immediate operation advised. She made preparations for entering one of our hospitals for the purpose of such surgical interference, but before going was persuaded to visit the writer's office for an examination and advice. The growth was about the size of a large orange, as in the previous case and its rapid development and the characteristic signs, strongly favored the previous diagnosis. I assured her that I could either remove it by cataphoresis or the application of electrolysis, and she was at once placed un-

der treatment by the first methods. In six months' time the tumor was entirely removed, and she remains well to this date. No operation of any kind was made, and she retains her form.

Goiters have also been removed by the same method, as well as other tumors of varying character.

The technique of the procedure is as follows: Both electrodes may be placed upon the parts, the cathode being well wetted with a solution of potassium iodide, two drams of the iodide to one ounce of water, the anode being wetted with plain water. The electrodes are discs of hard rubber or carbon. If of rubber an inner layer of carbon must be provided, as the active portion. If of carbon, a ring of hard rubber surrounds the carbon at the point of contact with the skin, the depression in the electrode being filled with a layer of absorbent cotton over which is placed a disc of white blotting paper. The cotton and paper disc is to be well wetted before being applied. Placing the electrodes in position on opposite sides of the tumor, a galvanic current of from five to ten milliamperes is gently turned on and allowed to flow for fifteen to twenty minutes, applications to be made three times per week. A four per cent. solution of cocaine may also be used on the cathode, dropping it on after saturation with the iodide solution. While cocaine is always used on the anode for the purpose of producing local anesthesia, I have found it quite serviceable in the above application of the current when used with the cathode.

The action of the remedy as thus applied is as follows: Iodine being an electro-negative body, and the active principle of the potassium com-

bination, it is liberated from the latter by electrolysis, attracted by the anode, and passes directly into the tissues and so acts upon the low order of cell growth as to produce an absorption and the carrying away of the tumor cells by the lymphatics. This is a natural process, essentially aided by the use of the iodide as above outlined. The writer discovered this method in 1889 and gave it to the profession later on, after its full and beneficent effect had been well established by him. It is now the accepted method of applying iodine or its salts by means of the galvanic current in the reduction of tumors.

Enlarged glands are thus treated, provided they are not in a state of active inflammation.

#### FIBROID TUMORS OF THE UTERUS.

These if dense and hard, cannot be easily removed, more frequently not at all, but they may be reduced and the patient made comfortable, producing what is termed a "symptomatic cure." Soft fibroids have been entirely removed by the writer by means of the galvanic current, applied directly to the endometrium with a suitable electrode. In case it be of the bleeding variety, a platinum or carbon electrode only should be used in the uterine cavity. A large pad is placed on the abdomen, using a plate of thin block tin as the electrode, connected with the cathode.

The positive pole having been introduced without the aid of a speculum if possible, a current of from thirty to seventy-five milliamperes is to be slowly turned on, and the whole endometrium, as far as is possible, acted upon for five minutes, if the stronger power be used, or ten minutes for the lower. The electrode

should be gently moved a little while in situ, to prevent it "sticking." Treatment should be given not oftener than seven to ten days apart, thus allowing the parts to heal before making another application.

By using moderate currents, as above, the reaction is not pronounced, the hemorrhages are checked and general well being follows.

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#### THE RESPONSIBILITY FOR THE RECENT DEATHS FROM THE USE OF IMPURE ANTITOXINS AND VACCINE VIRUS.

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BY W. R. INGE DALTON, M. D.

Professor of Dermatology and Syphilology, N. Y. School of Clinical Medicine; Dermatologist and Syphilologist, Metropolitan Hospital, and Westside and German Dispensaries; Member of the American Medical Association, etc., etc.

(Read at a meeting of the Medical Jurisprudence Society, held at the New York Academy of Medicine, December 9, 1901.)

Deplorable as is the loss of life which has occurred in St. Louis from the use of impure antitoxin, and in Camden and elsewhere from tetanus following vaccination, there is something that is infinitely more to be regretted, and gives infinitely more cause for alarm, and that is the distrust which has thus been engendered in vaccination and anti-diphtheritic serum, two of the greatest life-saving agencies which medical men have at their command. There is no exaggeration in the statement of the *Journal of the American Medical Association*, (November 23) that "the deaths in St. Louis sink into positive insignificance compared with the untold thousands of avoidable diphtheria deaths which will inevitably follow unless members of the medical profession demand a guaranteed purity

of antitoxin and are thus enabled to speak with the confidence of definite knowledge and so inspire the anxious parent with their own confidence." And, in regard to smallpox, the evils to be apprehended are even greater. With what ill-concealed delight will not the unfortunate accidents be made use of by the fanatical opponents of vaccination! What unscrupulous use may we not expect to have made of them by charlatans of every kind! In the light of the past history of events connected with vaccination and cognate matters, one shudders to think of the extent to which the cause of medical progress may be thus set back, and of the terrible scourges that may as a consequence be inflicted on mankind.

The situation being thus grave, it is eminently fitting that a society like this should devote some time to its serious consideration, with a view of the ascertainment as far as possible of the exact causes of the different catastrophes to the end that steps may be taken to prevent the possibility of their repetition.

Upon whom then must the responsibility be placed for these various fatalities? Evidently, upon one of three classes—(1) the manufacturers of antitoxin and vaccine virus; (2) the physicians; (3) the parents or guardians of the unfortunate victims.

In regard to the deaths from tetanus following the use of antitoxia at St. Louis, with which we have first to deal, the Coroner's jury has spoken with no uncertain voice. "The presence of tetanus toxin in the diphtheria antitoxin" it says in its verdict, "shows negligence upon the part of the Health Department in the preparation of the said diphtheria antitoxin and in the issuance thereof."

With the apportionment of blame among the different functionaries of the board we have nothing to do here. For general purposes it is sufficient to know that the board itself has been held to have been negligent, and that the finding is abundantly supported by the evidence given in the investigation. Nor was it one careless act alone, or the mistake of a single individual, that led to the fatalities. The whole system on which the board has been in the habit of producing antitoxin seems to have been grossly reckless, and in all respects bad. Perhaps too much has been said by myself and others about the "very careful janitor" who was entrusted with the responsible duty of filling the vials. We might as well censure the poor old workhouse horse "Jim," now fortunately gone to his rest, for the part he played in supplying the impure antitoxin. The fault all too clearly was not that of subordinates of any kind. It was deeply engrained in the system by which antitoxin was produced by such manifestly inadequate means and with such obviously incompetent help. Does the bacteriologist say that he did the best he could with the means at his command? I have no manner of doubt that he did. But is there any reason why he as a man of science should have consented to do it at all under such conditions? Surely he if any one connected with the municipality knew the safeguards that have to be adopted, and that are regularly adopted by reputable manufacturing houses, in the production of antitoxins; and if he was acquainted with these safeguards, it follows as a matter of course that he was not ignorant of the fact that they were being neglected in the laboratory of which he had charge, and that he

must have been fully alive to the terrible risks which were being run—the chances that were being taken—by reason of this neglect. The board itself may justly plead ignorance; but it can do so no longer, and neither can other boards of health which are engaged in similar dangerous enterprises. They have had a rude awakening by reason of the deaths of these innocent little ones. It is, to be hoped they now realize the enormous responsibility which they undergo when they establish plants for the manufacture of their own serums. If they do not, it is evident that the public does, and is prepared henceforth to hold them to a strict accountability. Were there any reason for boards of health engaging in this or other industrial pursuits in competition with regular trade, the fact might be pleaded in mitigation of its short comings—though it could never justify such an exaggerated combination of objectionable methods as have been shown to prevail at St. Louis. But, far from there being any reason for boards of health engaging in such industries, all considerations of an economical and sociological as well as a scientific character point to the fact that it would be infinitely better for them to confine themselves to their own duties—the inspection and abatement of nuisance, the spread of information that will be of use to a community particularly in the way of enabling it to protect itself from contagious diseases, the testing of drugs and articles of daily consumption, such as milk, and possibly beer and other beverages. They should assist regular physicians in promoting the public health, and call upon the ordinary purveyors of drugs to furnish them with the best available methods of

fighting disease. Surely in this way they would serve a higher purpose than by each of them setting up its own poorly equipped laboratory and seeking to compete with manufacturing houses which have millions invested in their plants, and which are compelled by a healthy regard to their own interests to adopt every conceivable precaution to prevent anything but the most perfect goods being sent out under their label.

The St. Louis Board of Health is unfortunate in this respect that it is the first to have its careless and inefficient methods found out. But it is far from being the only sinner, and I am by no means sure that it is the worst. A peculiarly bad example was set years ago by the Board of Health of New York City, which was not only the first to make its own antitoxin, but makes a business of selling its serum and vaccine virus in open rivalry with regular manufacturers. It has been pleaded that it is only its surplus that is thus disposed of; but inquiries made a year or two ago by a taxpayers' committee disclosed the startling fact that the surplus amounted in quantity and value to four or five times as much as was required for legitimate purposes. Other facts made known at a public hearing at Albany showed that antitoxin of an inferior quality, and pronounced not good enough for use in this city was sold at a reduced price to another board of health whose sphere of usefulness is a thousand miles away; and statements were at the same time made as to the condition of the stable where the antitoxin in horses of the city are boarded which would be incredible were it not for the high authority on which they were made, and the fact that they were never contradicted.

We now come to the second class of cases, the deaths from tetanus following vaccination. Here we find ourselves confronted by a different set of facts, for in no case so far as I am aware has the virus used been that made by a board of health, and I am not sure that in any case the tetanus germs have been traced to the virus. In one instance, that of a child who died at St. John, N. B., the coroner's jury expressly declared in its verdict that the tetanus was caused by the use of impure vaccine; but in nearly all the other cases the contention has been that the vaccine virus had not and could not possibly have had anything to do with the tetanus from which the children died. Those who assume this position base their conclusions partly on the failure to find tetanus germs in any of the samples of vaccine examined, but more particularly on the fact that the tetanus has usually not developed until three or four weeks after vaccination, which is considerably longer than the period of incubation generally recognized in tetanus. An editorial in the *New York Medical Journal* (November 23) states the case thus:

"This very lapse of time ought to teach them (the good people of Camden) that the tetanus was indeed 'following vaccination,' but in no wise connected with it. Most of the ills that men suffer from 'follow' vaccination, longo intervallo, for vaccination does not purport to protect people against anything but small-pox."

I am afraid, Mr. President, that this will not commend itself to the members of the Medical Jurisprudence Society as showing either sound logic or close reasoning. "Following vaccination, but in no wise connected



with it?" Can it be pretended for one moment that the tetanus would have developed if there had been no vaccination? Assuredly not, for a sore of some kind—or at all events an abrasion of the skin—is necessary to afford a portal or way of entrance to the tetanus germs, and it is admitted that that portal was opened by the act of vaccination. Moreover, as has been pointed out, surgical operations of every kind have gone on as usual in the places supposed to be infected with tetanus, and as I have also seen suggested the average number of persons must be presumed to have met with accidental abrasions. Yet nowhere do we hear of lockjaw following these injuries. Only where the sore has been caused by vaccination has the fatal tetanus ensued, and thus, as has been remarked, an unbroken chain of cause and effect is established between the vaccination and the deaths from tetanus. This is not a case of *ills following vaccination longo intervallo*; they have followed *it brevi intervallo*, and are too clearly the consequence of something connected with the act to allow us to rest satisfied with the conclusions so complacently arrived at by the genial editor of one of our foremost medical publications.

Perhaps it is true that the tetanus germs were not conveyed in the vaccine virus, and I certainly hope it is, for one of the great advantages of glycerinated lymph as compared with the human virus formerly in use has always been regarded as this that it deprived anti-vaccinators of their last vestige of an excuse for saying that infections of one kind and another could be and were thus communicated. But there are various brands of vaccine virus—some of them

cheaper than others, some that are not tested with the same care, some that produce more apparent signs of having proved effective while in reality they have done nothing towards rendering the patient immune against smallpox, but have only caused a septic sore. It is incumbent upon us in a case of this kind to inquire into the quality of the vaccine that was used, the manner and particularly the degree of care with which the operation was performed, the character of the sore which developed, and the way in which it was treated.

In the Camden cases, the manufacturer and the medical men have co-operated in exonerating themselves, and have thrown all the blame on the parents of the children. Dirt and neglect, in short, are said to have been the sole causes of the disasters, not impure vaccine or faulty technique. Were this so, it would seem to dispose of the theory advanced by the same people that there is a plague of tetanus in the air with a selective predilection for sores produced by particular kinds of vaccine virus. Besides it is not the opinion that has been arrived at elsewhere where deaths have occurred from tetanus following vaccination. In Cleveland, where the first cases of the kind occurred, the conclusion arrived at, according to the local *Journal of Medicine*, was that economy had been considered entirely too much in the purchase of vaccine for city use.

"Vaccine," the writer adds, "has been bought at the lowest price, quality being considered only secondarily. Indeed it is a fact that for the past months the Health Office has been buying vaccine at a price so low that it is hardly reasonable to expect that the maker could take all the expensive

precautions necessary to secure purity of product. The makers of the best vaccine could not without loss, or without reducing the standard of purity, sell their product at the price that the city has been paying. If impure vaccine has been used, therefore, the penny-wise policy of the Health Office is the cause, and the city is entirely responsible for the result. Biologic products cannot be bought and sold under the customs of ordinary commercial competition without grave risk to the ultimate consumer."

I have seen it stated that in the vast majority of cases that have occurred elsewhere, the same vaccine virus was used as at Cleveland, and if that can be established I would ask the legal gentleman present whether it does not furnish a *prima facie* case for a searching inquiry into all the circumstances connected with these numerous fatalities.

Summing up, I would offer the proposition that the lesson we have principally to learn from these catastrophes is the necessity of eliminating commercialism from matters pertaining to the public health. When it is our own ills or those of our own household that we have to deal with, we make it a point to procure the best medicaments and the highest skill that can be obtained consistently with our means. It is false economy—to say nothing of the kind of humanity it is—to deal otherwise with the health of the public. Boards of health, instead of grasping eagerly at the lowest bids, or trying to make cheap preparations of their own should first of all look to the quality of the drugs and prophylactic agents they are called upon to use. Besides this they should do whatever lies in

their power to ensure that none but reliable preparations shall be used within the community of whose health they have charge. They should see particularly to the enforcement of regulations for surrounding with all possible safeguards the manufacture and sale of such articles as antitoxin and vaccine virus. As the *New York Times* (November 18) says in an excellent editorial:

"The safeguards by which the business of producing virus and serum need to be surrounded are simple enough, but not one of the least of them is safely negligible. It cannot be carried on without immeasurable risk to life and health with worn-out horses or sickly calves, nor in dirty stables or improvised annexes to vermin-infested barns. Healthy animals, perfect plants constructed and managed under expert supervision, and the assurance of pure cultures with entire freedom from pus organisms, are the essential conditions."

In trying to bring about the safeguards indicated, and in discharging the other duties that fall naturally within their province, Boards of Health, it is evident, have a large field of usefulness open before them. It is equally obvious that they cannot discharge any of these duties satisfactorily so long as they engage in the manufacture and sale of antitoxins and vaccine virus, or other medical or prophylactic agents, in competition with regular manufacturers. It is anomalous for a public health official as for any one else to seek to be "himself the judge and jury" so long as he may also be "the prisoner at the bar" of public opinion. To be impartial, Boards of Health must get out of business.

# THE TREATMENT OF NASAL CATARRH BY THE GENERAL PRACTITIONER.

BY EUGENE C. UNDERWOOD, M. D.,

Surgeon B. & O. S. W. R. R.; Surgeon K. & I. B. Co.  
etc., Louisville, Ky.

(Abstract from *St. Louis Medical and Surgical Journal*, July, 1901).

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally seen; and is characterized by a thick mucous discharge from the nose, Great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick, purulent discharge and the expulsion of discolored crusts and an offensive putrid odor. The sense of smell is impaired and the patient is weak and anemic.

The mucous membrane is dry and glazed; but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any coexist-

ing disease or morbid state. In some cases where there is occlusion by exostosis the resources of surgery must be invoked.

Let me examine more in detail the treatment of the types of nasal catarrh.

In simple chronic hypertrophic rhinitis, the results of treatment will be most flattering. In a case attended with no constitutional disease nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and Hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take twenty drops of balsam of copaiba four times daily. The Hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membranes is speedy and is not equaled by any other drug I have ever used. When the patient is anemic I have him take iron, and any other drug is used when it is called for by any associated disease or morbid condition, but the Hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The Hydrozone at once overcomes the offensive odor and takes off the purulent crusts.

These cases must be treated with cod liver oil, iron and such other remedies as will bring up the general health.

Here are a few clinical histories:

Mr. R. H. M., age 60, had been a sufferer for two years. There was no exostosis, but when he had a cold he could breathe only through his mouth. He was in good general health, so I had him buy an atomizer and use a spray composed of equal



parts of distilled water and Hydrozone. He sprayed the mucous surface of the nose every three hours. On this he made rapid improvement and in three weeks had no further symptoms.

S. M. T., age 18, had chronic hypertrophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the Hydrozone and water spray, and took fifteen drops of balsam copaiba, three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

Mrs. R. J. C., age 49. This lady had atrophic rhinitis and as soon as she came near you the putrid odor asserted itself. Her general health was lowered. I had her use the Hydrozone and water spray and take cod liver oil internally. She spent last winter in Cuba, and has just gotten home greatly improved in general health and her catarrhal disease is better.

She says the spray effectually destroys the disgusting odor and that scarcely any discharge now appears.

I expect to see this patient entirely well in several months.

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I AM more than pleased with the physiological action of Seng in the treatment of chronic indigestion. It seems to nicely restore the action of the stomach, re-establish perfect digestion, and its good effect is quickly evidenced by the general improved appearance of the patient.

J. CARL LUDWIG, M. D.

Cincinnati, Ohio.

## SOCIETY REPORTS.

### NEW YORK ACADEMY OF MEDICINE.

#### Section on Orthopaedic Surgery.

*Meeting of November 15, 1901.*

GEORGE R. ELLIOTT, M. D., CHAIRMAN.

Dr. Homer Gibney read a paper on the "Orthopaedic Operations for Intractable Cerebro-spinal Lesions," and reported two cases recently operated on in which marked improvement in locomotion was noticed. The two cases reported were Friederich's ataxia. The inco-ordination of the lower extremities was in a measure overcome by tenotomies and fasciotomy for correction of the existing pes cavus and trigger toe. He insisted on first correcting the deformity, and then with properly adjusted apparatus worn for a long time, claimed marked benefit, and in many cases complete removal of the interference incident to the paralyses.

Dr. Henry Ling Taylor said he agreed with Dr. Gibney in regard to the great value of operative procedures in properly selected cases of paralytic deformity, particularly in children. While it was true that operations designed to remove deformity or restore stability to a helpless limb not infrequently resulted in disappointment, owing to imperfect mechanical treatment afterwards, it was no less true that mechanical treatment was often imperfect or unduly prolonged by the failure to grasp the indications for operating.

Dr. John McG. Woodbury said he could not discuss the paper, as he came late and did not hear it, but ex-

pressed the opinion that chiefly operative procedures held out any possibility of recovery or permanent improvement; non-operative measures alone were simply palliative.

Dr. George R. Elliott said the field referred to was a large one, and many a cripple was bed-ridden or going about with contractures and post paralytic deformities that could and ought to be relieved. He cited as an example a patient upon whom he had recently operated, who had been bed-ridden for three years, owing to post typhoidal contractures of spinal origin. By proper tenotomies, manipulation and subsequent use of apparatus, the girl was now walking quite as well as ever.

Dr. Henry Ling Taylor read a paper entitled, "The Effect of Osteitis of the Knee on the Growth of the Limb."

From measurements of the femora, tibiae, feet and patella, during or after osteitis of the knee, in forty cases where the disease had begun in childhood, the following conclusions were reached:

I. The affected limb, if approximately straight, was longer in the first four years in the large majority of cases. In observed cases of adolescents and adults it was from one to several inches shorter, when the disease had lasted over seven years.

II. The affected femur was nearly always longer in the first four years, and the lengthening of the limb mainly due to lengthening of the femur. In the older cases, after a duration of seven years or more, the femur was markedly shortened.

III. The tibiae were usually equal in length in the early stages; later the tibia of the affected side might be slightly longer for a time, but

oftener shorter; the shortening increased considerably in the older cases, and after the subsidence of inflammation.

IV. With limbs of equal length and a duration of several years, the femur of the affected side was found longer and the tibia shorter than its mate.

V. The foot and patella showed a difference in favor of the sound side after one year, and frequently before.

VI. The stimulation of growth in the affected femur was accompanied by a retardation in the tibia, foot and other parts; growth in the femur itself was finally retarded. The result after many years was often considerable shortening of the limb.

Dr. T. Halsted Myers said that his observations were almost identical with those given by the reader of the paper. In fifteen cases observed by him the lengthening was generally in the femur, and in some cases the femur lengthened while the tibia shortened; in others both bones were lengthened. This occurred during the active stages of the disease, but he could not speak positively as to the ultimate result. He thought it probable that, if the knee recovered with good motion, there was less shortening, and wished to ask Dr. Taylor whether he noticed that limbs left with stiff joints shortened more than the others. The proper functioning of the joint after the cure of disease was a most important element in securing the best nutrition and development of the limb.

Dr. H. A. Parrish stated there was no doubt about ultimate shortening in the majority of cases. He cited, however, the case of a girl, *æt.* 16 years, disease of thirteen years' duration, remarkable for great lengthening:

during the active stage of the disease. After a partial excision ten years ago, and recently a supra-condylar osteotomy of the femur, and a cuneiform section of the tibia for the relief of flexion deformity, there existed only three-eighths of an inch shortening, with limb at angle of 175 degrees.

Dr. V. P. Gibney said that years ago Dr. Berry had called attention to the subject of the reader's paper, and from examination of fifty cases had found the femur had grown in length. In his own practice he had been disappointed not to find lengthening. While lengthening was generally believed to be the rule, it could be readily understood how shortening might occur from interference with the nerve supply by pressure of the head of the tibia on the popliteal space. He referred to a patient seen ten years ago, who had 1½ inches lengthening after a long course of protection treatment. The girl was still young and the joint disease cured; she was allowed to use the limb freely and atrophy set in. At the same time the joint of the healthy limb was protected, and after four or five years the normal femur lengthened and the diseased one shortened, so that one-quarter inch difference was the final result.

Dr. Taylor, referring to Dr. Myers' question, said that lengthening of the femur was the rule while the disease was active, and it was probable that more shortening occurred in the deformed and badly managed cases. In the latter the final result would usually be considerable shortening in adult life. He referred to the work of Leusden, who took measurements of radiograms, and reached conclusions nearly identical with his, except that Leusden had no opportunity to study

adult cases where the disease had begun in childhood.

Dr. V. P. Gibney asked Dr. Taylor how he accounted for the shortening in neglected cases? Dr. Taylor replied that he considered it due to retarded growth.

Dr. V. P. Gibney said he was at a loss to understand why the bones shortened, and would be glad to look over the statistics presented by Dr. Taylor. He supposed Dr. Beery's cases would be called neglected cases.

Dr. Taylor said that his statistics in the majority of instances were not made from neglected cases, though it was probable that most of the adult cases might be called neglected.

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#### AN ATLAS OF CLINICAL MEDICINE.

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Jonathan Hutchinson, F. R. S., General Secretary of the New Sydenham Society, has requested Messrs. P. Blakiston's Son & Co., of Philadelphia, the American agents of the Society, to announce the publication of "An Atlas of Clinical Medicine, Surgery and Pathology," selected and arranged with the design to afford in as complete a manner as possible, aids to diagnosis in all departments of practice. It is proposed to complete the work in five years, in fasciculi form, eight to ten plates issued every three months in connection with the regular publications of the Society. The New Sydenham Society was established in 1858, with the object of publishing essays, monographs and translations of works which could not be otherwise issued. The list of publications numbers upwards of 170 volumes of the greatest scientific value. An effort is now being made to increase the membership in order to extend its work.

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ORIGINAL ARTICLES of practical utility and length are invited from the profession. Accepted manuscripts will be paid for by a year's subscription to this journal and one hundred extra copies of the issue in which such appears if desired.

## Editorial.

### THE GENERAL PRACTITIONER AND THE SPECIALIST.

When one comes to take a survey of the actual state of affairs in medical practise, it certainly is no wonder that the struggle for an existence is a keen one. There are several causes in operation which will account for this, but on this occasion, we will briefly observe the effects of too much sub-division and specialism in practice.

There is no more general-medicine, and as for general-surgery, that belongs to another age.

Not long since, we were approached by a recent graduate, who wished to ascertain which was the best American text-book in General Surgery. In all truth we had to inform him that

there is no such book on the market; on the contrary, if he must cover this field, then he should provide himself with no end of monographs on dermatology, orthopaedics, on the rectum, genito-urinary, gynecology, on the eye and ear, the nose and throat, etc., etc.

In turning over the latest edition of Grass's Surgery, we had to note, that at present the specialist would claim at least a good half of his material, and again, when we cast an eye through the pages of the latest American work on "The Practice of Surgery," one from the pen of one of our ablest writers, we find it no "Practice" at all, but a collection of a few exhaustive monographs, adapted rather for reference on the topics treated, than of any real value to the man-of-all-work, in medicine. For example, we innocently supposed that carbuncle stricture of the urethra, and lingual-cancer were surgical maladies, but found no mention of them.

In fact, the number of specialties is simply appalling, and one may inquire what known malady is there, not claimed by the specialist?

In the larger cities the effect has been simply ruinous to legitimate medicine. And to make matters worse, it is now claimed that confinements, about the only branch remaining to save the general practitioner from extinction, belong to our sister practitioners of whom an ever growing number is annually pressed into our already over congested ranks.

We do not see but one way out of the dilemma, and that is for every practitioner to qualify himself for one or more specialties, with his other general work.

It is our experience that there are every year, fewer genuine specialists,



as their domain is being so encroached on by practitioners that they are forced either from necessity or through retaliation to treat everything in sight.

Dr. Howard Kelly alleges that one must be a capable surgeon to undertake operations on females; in France and England the greater part of this line of operations is performed by general surgeons; in America some of the largest, general hospitals are yet without gynecologists, and the number of practitioners, now efficient operators on the pelvic organs, runs into the thousands. Mr. Buxton Brown, a noted English surgeon squarely condemns many of the latest operations on the genitalia. The wording of the text of this great surgeon reminds one of the writings of Brodie, or Boyer, nearly a century since issued.

Sir Felix Simon, probably the most noted living authority on nasopharyngeal diseases, in a recent contribution condemns in the most scathing language the greater number of operations in the nasal cavities. Senn would advise those with cholelithiasis to rather seek the waters of Carlsbad than the surgeon's scalpel. Hence, with the field for operative intervention narrowing, the specialist is on the horns of a dilemma, and must either return to his old love or stand a good chance of starving.

With army of occupation in the Philippines, now numbering nearly 75,000 men, in that pestiferous climate, it was hoped that the demand for physicians would be so great as to thin the ranks at home, but we find that very few physicians after one tour of service in the Philippines, care about renewing their experience. It appears that the trying climate and

the natives of these islands in the South Pacific, make it altogether too uncomfortable for the acclimatization of North Americans.

One of the greatest evils of too much specialization has been the overgrowth of dispensaries. "Material" must be had even though we demoralize the people and rob our brother practitioner to secure it. But specialism has come to stay and now that it is deeply rooted, our energies must be directed to mitigating its excesses and evils, and in no manner do we see this feasible, except by every practitioner entering the field as a competitor.

The busy, overworked (?) practitioner has ample time to qualify in at least one side study, and cultivate that in order that he may ply it with success; moreover, when time has thinned and frosted his hair, when he is no longer equal to the exposure and hardship of general practice, he may ply this branch with profit and advantage.

How we are to cope with our competing female physicians is a more serious problem. Already they appear in large numbers in all public institutions. At our class examinations they walk away with the prizes, while their lord and master (?) must be content with what crumbs may fall to him. We have "Female Medical Societies" and Medical Journals; we need only turn to the legislature to make them our governors and protectors.

T. H. M.

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# CANCER OF THE TRANSVERSE COLON.

BY M. DUSCHBERTS.

*Le Nord Medical.*

Ist November, 1901.

Patient 47, with symptoms of obstruction for five days, great pain and foecal vomiting. A tumor was well defined to the right of the umbilicus. There was a fairly well defined tumor, apparently situated on the posterior wall of the colon close to the hepatic flexure.

On operation no adhesions were found. About five centimeters of the colon were removed with the growth, and the ends were united with a circular suture. The operation lasted one and one half hours. There was a free movement by the anus after the operation.

The following day the patient was in very good condition, respiration calm, and no abdominal pain, but the pulse remained very feeble, and the bladder was empty. All efforts at stimulation failed. Death occurred on the second day.

The Le Fort recorded a somewhat similar case. The patient developed a tumor as large as an egg, in the right flank, over the cæcum. On removal it was found to present a vegetating surface, the impediment obstructing the foecal current. There was no glandular involvement. The patient died of septic peritonitis five days after the operation.

M. Orei presented a fibrous of the uterus, supro-cervical and interstitial, situated in the posterior wall. It quite completely filled the pelvic cavity, and gave rise to frequent and repeated hemorrhages. On removal, it was seen that extensive degenerative changes had set in.

Deleardo read a note on the great

relief following intrarachidian injection for lead colic, rebellious to other measures.

M. Gundiles presented micrographic plates of a sarcoma with myeloplaxes, patient a lad of fourteen years, had an epulis of upper jaw the volume of a nut. The teeth were engulfed by it. The tumor was of a deep red aspect and soft in centre. Ablation of the growth was not very difficult, and so far, there has been no return. M. Carlier reported an interesting case of absence of the vagina. The patient a female of 22 years, of a good physique and normal vulvar development, but no trace of a vagina. Never was treated. On examination under an anesthetic, complete absence of uterus and ovaries were noted.

M. Carlier wished for an opinion from the several surgeons present as to the propriety of a resort to surgery here in a young woman, otherwise externally normal, in this case in order to establish an artificial diverticulum for a vagina?

The majority were opposed to such a procedure, but there were a few who maintained that the surgeon was bound to assist this young woman and provide for her an effective introitus, that she might be fitted for the marriage state though she bore no children.

Dr. Defossey discussed the treatment of vesico-vaginal fistula. The author divided these fistulae into four groups: (1) The puerperal; (2) traumatic; (3) surgical; (4) neoplastic. Effective surgical treatment always implies a restoration of substance or obliteration of the opening. A great diversity of methods have been devised, firstly, by operating on them through the vagina, and secondly, by reaching the opening through the abdominal incision.

Defossey prefers "dedoublement" or that method by which the various layers of the septum are divided and so doubled and sliding into position, that leakage is not liable to follow and speedy cure is generally realized.

T. H. M.

## BOOK REVIEW.

### MANUAL OF PHYSICAL DIAGNOSIS.

For the use of Students and Physicians. By James Tyson, M. D., Professor of Medicine in the University of Pennsylvania, and Physician to the University Hospital; Physician to the Philadelphia Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, etc. Fourth Edition, Revised and Enlarged. With Colored and other Illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, 1901. 12mo. Cloth, \$1.50 net.

Among the multiplicity of books, the little volume before us commands instant attention. We have read it with much interest as it conveys in a concise yet sufficiently elaborate form, all the practical information that a book can give upon this most important subject. The normal and abnormal percussion and auscultation sounds elicited in a physical examination of the lungs together with the various heart murmurs are very vividly described.

Examination of the blood, sputum and gastric contents with abundant illustrative plates, some in colors, form an important feature of the work.

We especially note figure 44, page 218, in which the stomach is shown in its normal position, which can be said of but few text books. This well illustrates the accuracy and thoroughness of the work.

A chapter upon "The Making of an Autopsy," a chart of the "Order of examination of a Patient," and tables of the metric system and for converting degrees of Fahrenheit into centigrade vice versa, with a copious index, complete the work.

If the distinguished author had included in this volume his "Manual Upon Examination of the Urine," it would have been a very desirable addition to this most valuable contribution to medical literature.

W. H. W.

### A SYSTEM OF PHYSIOLOGIC THERAPEUTICS.

A Practical Exposition of the Methods, Other than Drug-giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College; Physician to the Philadelphia Hospital etc. Volume III—Climatology, Health Resorts, Mineral Springs. By F. Parkes Weber, M. A., M. D., F. R. C. P. (Lond.), Physician to the German Hospital, Dalston; Assistant Physician North London Hospital for Consumption, etc.: With the Collaboration for America of Guy Hinsdale, A. M., M. D., Secretary of the American Climatological Association, etc. In Two Books. Book I—"Principles of Climatotherapy"—Ocean Voyages—Mediterranean, European and British Health Resorts. Book II—Mineral Springs, Therapeutics, etc. Illustrated with Maps. Price for the complete set, \$22.00 net.

These are the Third and Fourth Volumes of Cohen's System of Physiologic Therapeutics, whose timeliness has already been commented upon. The first part treats of the factors of climate, with their effect on physiologic functions and pathological conditions, and describes the fundamental principles that underlie the application of climates, health resorts and mineral springs in the prevention of disease, and to promote the comfort and recovery of the sick.

The second part describes health resorts; and the third part discusses in detail the special climatic treatment of various diseases and different classes of patients. Book II also describes the health resorts in Africa, Asia, Australasia and America.

In Book I ocean voyages are first treated of with considerable detail, and their advantages and disadvantages, indications and counter-indications as a therapeutic measure, are pointed out. As very little exact information on this important subject exists in an available form, this chapter should be of great use to physicians. The subject of altitude is treated in a similarly full and definite manner, and not only are we told what classes of patients and disorders are benefited by Alpine and Rocky Mountain climates, but also what classes are unsuitable for such treatment. The difference between summer and winter climates in Switzerland, and the therapeutic indications for the different seasons are discussed at length. In addition the sea-coast and inland health resorts of the Mediterranean countries, those of Continental Europe and those of the British Islands, including mountain stations of various elevations, plains and mineral water spas, are described, with no waste of words, but with a fullness of detail unusual in medical books. Not only geographic and climatic features are pointed out, but also social and other characteristics so important in selecting a resort that shall be suitable to the tastes and means of the individual patient, as well as beneficial in his disease. Throughout this section allusion is made to the special medical uses of the various resorts described, and to the particular form of treatment for which any one is famous.

The existence of sanitariums for special diseases, as those at seaside resorts for scrofulous and weakly children, and in various regions for consumption, nervous affections, diseases of women, and the like are specified; and the mere lists of such places, as found in the index, are likely to prove invaluable for reference. We know none other so complete. A mere glance at the closely printed pages of the index will show how unusually full is the treatment of special resorts and their particular qualities. Like the preceding volumes these are thoroughly scientific and eminently practical, a combination that reflects credit alike on authors and editor.

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"Outlines of Practical Hygiene," by C. Gilman Currier, M. D., Third edition, 482 pages. Cloth, \$2.00. Published by E. B. Treat & Co. N. Y.

This is a very valuable work, presenting as it does, in a clear and concise manner, all the points in Hygiene.

The writer is fair and reasonable in all his statements and deductions, which fact will commend his opinions to the thoughtful reader. He justly deprecates the use of "gamy" fowl. He also states that "Preserved meats that give an alkaline reaction to test-paper, are to be suspected as having been prepared from unwholesome raw meat."

Alcohol is regarded as having but slight food value; but its use is advocated in some critical conditions.

Hot air furnaces are favored as a means of heating and ventilating buildings.

The book is very interesting and instructive and we earnestly commend it to our readers.

## OPHTHALMOLOGY

In charge of J. A. TENNEY, M.D., Boston.

Dr. Hiram Woods, (Jour. A. M. A.) described a case of temporary clearing of a cataractous lens. On the last day of the year 1894, the lady had only light perception in the left eye. Six months later she could count fingers at four feet, and the ophthalmoscope revealed the fundus distinctly. The lens grew more and more opaque, and in June, 1896, the lens was removed by operation.

Dr. S. D. Risley, (Jour. A. M. A.) selects his cases for cataract extraction without iridectomy, being careful to rule out those cases having a history of uveal disease. He wants a promptly reacting iris, a pupil that dilates readily under a mydriatic, and a ripe cataract. A long history of asthenopia, a discolored iris, sluggish in reaction to light and shade, and to mydriatics, white patches on the lens capsule, a brown lens, injected conjunctive and swollen caruncles, with headache, and a protracted ripening of the cataract, furnish a group of conditions, which exclude the case from any attempt at simple extraction.

Dr. A. T. Mitchell, (Jour. A. M. A.) describes a new method of enucleating an eye, although the Vienna method is somewhat similar. He passes a thread by means of a curved needle well into the scleral tissues, to give strong hold upon the eyeball, then he snips with curved scissors the conjunctiva vertically over the insertion of the internal rectus. The lower blade is passed under the tendon, cutting it with all the external tissues nearly to the scissors' point.

The lower blade is then advanced under the superior rectus, and a similar cut made. The superior oblique, the inferior rectus, and inferior oblique, with the tissues over them, are divided in turn, when the bulb is rotated outward, and one cut for the nerve, and another for the external rectus, and the tissues over it, completes the operation. He claims that less injury is done to the tissues of the eye by this method, than by the old procedures, and there is a considerable saving of time.

Dr. Fred. J. Levisseur, (Med. Record,) cites Politzer, of New York, as having proved that Xanthoma, or Xanthelasma, as it was called by Erasmus Wilson, is the product of the degeneration of embryonically misplaced muscle fibres. It consists of yellowish patches on the lids and vicinity, slightly elevated, resembling chamois leather. Internal treatment is futile. Excision leaves scars, if the spots are large, and cauterization produces too much destruction. Electrolysis is free from every objection. He states that a current of half a milliampère and thirty volts will render a spot the size of a pea anaesthetic in two or three minutes. After that, the current can be increased without causing pain. A current of two or three milliamperes is sufficient, but it must be continued for about thirty seconds. The needle must be inserted horizontally into the skin. Two or three sittings are required to remove large patches.

Dr. Harry Friedenwald, (Jour. A. M. A.) states the result of feeding rabbits with absolute ethyl alcohol, pure methyl alcohol, commercial alcohol, and Jamaica ginger, made of 75 per cent. methyl alcohol. Five to ten c. c. were adm



istered to four rabbits for four months. The rabbits lost weight, but otherwise appeared healthy. They were killed by a blow on the back of the neck. The eyes were at once removed and hardened, one in 96 per cent. alcohol, and the other in saturated bichloride of mercury solution. The ganglion cells of the retina showed marked signs of degeneration, many showing great shrinkage and atrophy. The inner and outer nuclear layers were likewise affected, especially the inner.

Dr. H. Moulton, (Jour. A. M. A.) analyzes fifteen cases of blindness from drinking wood alcohol, and twelve cases of blindness from drinking Jamaica ginger, made from wood alcohol, showing that no other substance known attacks with such uniformity the optic nerve and retina. Usually on the second and third day, sometimes later, there is vomiting, headache and dizziness. In 24 to 48 hours more blindness becomes total. Vision is sometimes restored in a few days, to be lost again in a short time. In every case there was a central scotoma, and narrowing of the visual field. Atrophy of the papilla was universal, most pronounced on the temporal side. In about half the cases the retinal vessels were narrowed; in the other half, normal. Dr. Moulton also cites a case of blindness from drinking bay rum made from wood alcohol because of its cheapness.

Dr. Darier, (Brit. Med. Jour.) states, that of all the salts of silver, protargol is the most reliable and innocuous. It is ten times weaker than silver nitrate, but its power of penetrating the tissues is greater.

Suprarenal extract, by its vasoconstrictor action on the ciliary body,

diminishes the aqueous humor, and lowers intraocular tension. It is useful in phlyctenular and vascular keratitis, also in spring catarrh and glaucoma.

Acoine relieves the pain attendant upon subconjunctival injections. A few drops of a one per cent. solution added to an irritating drug injected under the conjunctiva altogether prevents pain, as a rule.

Dionine relieves the deep-seated pain of iritis and glaucoma, when cocaine fails. It is a chlorhydrate of ethyl-morphine, which, when applied to the conjunctiva, causes a burning pain. It assists in removing corneal nebulae, and assists in the healing of corneal and scleral wounds.

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## Surgery and Surgical Pathology.

IN CHARGE OF

Dr. T. H. MANLEY, NEW YORK.

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### HAEMODIAGNOSIS OF APPENDICITIS.

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BY DR. TUFFIER.

*Med. Press*, October 16, 1901.

The author insists "that clinical surgery ought at the present day avail itself of laboratory research, in the endeavor to make certain, diagnoses and thereby arrive at appropriate treatment."

Dr. Tuffier then records a case in point, a dressmaker, 47 years old, who on April last, came complaining of pain in the right iliac fossa, and in loin of same side, also on account of difficulty in walking. In 1891, patient while ascending a ladder, reached out to lift a heavy parcel. She was forced backward by the effort, and to save herself from falling, bent sharply forward. Immediately she was sen-



sible of an acute pain in her right side with a feeling of something "giving way."

She was carried home, and almost, at once, a tumor appeared in the right side, the seat of great pain, and the cause of painful micturition.

Many surgeons were consulted who diagnosed a "fibrous-tumor." Four months later, the tumor entirely disappeared. During the following ten years, the patient enjoyed perfect health. After menopause, patient was seized with acute gastric disturbance, supposed to have been caused by eating fish. Soon after this, she was seized with severe pain in the right iliac-fossa with aggravation, on movement of the right limb. Her physician treated this condition for "inflammation of the intestine."

On April 4th, entered hospital; then there was neither tympanitis nor any peculiar tumefaction in the right iliac-fossa.

She only complained of acute pain when deep palpation was made, over the right iliac-fossa, but a rounded mass of *wooden hardness*, projecting with fairly regular outlines, and extended from the ilio-umbilical line downward to the crural arch.

On the same side the thigh was flexed on the pelvis to about 30 degrees. Flexion could be increased, but full extension was impossible.

A thorough examination of the uterus and its appendages showed them to be normal. No lesion of the vertebrae or pelvic bones was discovered, nor was there any history of a tuberculous or syphilitic taint.

Patient's general condition and appetite were good, nevertheless, *she had lost flesh*.

The deviations in her temperature were slight, and for days it was entirely normal.

The diagnosis reached, was either an osteo-sarcoma, or a cold abscess in the sheath of the psoas-muscle, but what was yet obscure, assuming it to be an abscess, was its origin. *The bony hardness of the tumor*, its shape, situation, fixity and hardness, all seemed to favor the idea of an osteo sarcoma, moreover, there was nothing in the immediate antecedent's history, pointing to trauma.

Verneriil has stated that there are some cases of osteo-sarcoma of the pelvis, attended with marked variations in temperature. Osteo-sarcoma was unanimously agreed on here *by all my colleagues*.

In spite of this, I was haunted by the recollection of two very similar cases, in supposed osteo-sarcoma of the pelvis which turned out to be ordinary suppuratation.

The first was especially interesting. It was a woman of 50 years, who had been seen by a number of surgeons, all of whom agreed on the diagnosis of "a neoplasm in the right iliac-fossa." I was requested "to remove the tumor," but when I divided the pelvic aponeurosis, out came a great quantity of thick, stinking pus.

My second patient, I saw in connection with Dr. Selle, a man aged 50, suffering for several months from pain in the right iliac-fossa; the loss of flesh, the yellowish tinge of the skin, the digestive disturbance, the alternation of constipation and diarrhoea, the presence of a tumor of a *wooden consistence*, indolent and nodular hardness, forming part of the iliac-bone, the whole without febrile reaction, inclined one to look for a tumor adherent to the caecum. A few weeks later the mass having enlarged, and severe symptoms setting in, I prepared to open on the parts and establish an artificial anus.

I found the aponeurosis infiltrated with serum. I made an incision through this, when suddenly there issued forth a collection of stinking pus, with a faecal calculus. I had opened a peri-appendicular abscess.

After free drainage, the parts soundly united and complete recovery.

The author says that with a recollection of these cases, he was in a perplexed state of mind and it struck him that the case before him might be of the same character.

In order to have more light, he had a blood count made, which showed 49,000 cmm., etc.

On operation, under spinal cocaine-ization he sure enough, came on a pus collection, deeply lodged under the aponeurosis. After pus was evacuated and parts packed, healing was rapid and recovery complete. In other words, briefly stated, all three were cases of abscess, they were simply opened and drained, and that led to prompt recovery.

He inquires—what name ought we apply to the lesions found?

Evidently from their histories, they were one and all appendicular—abscess, encysted and imprisoned.

The author proceeds to emphasize the importance of the corpuscular count and the morphological characters of the blood corpuscles, as a means of diagnosis of septic, cancerous and malignant intraperitoneal condition. He believes that the employment of these expedients ought at the present day, replace exploratory incision, or at least, considerably reduce the necessity for it.

Note by translator:

The cases here recorded abound in the deepest possible, practical interest; we owe a tribute of gratitude to the eminent surgeon who records them

but we cannot quite fully agree with either his views on haemodiagnosis, nor do we believe that all the ordinary resources of the diagnostic art were exhausted before sanguinary measures were invoked.

At the very outset, let it be understood that *long encysted pus*, may be attended with no definite symptoms of inflammation, there may be *no pain*, no temperature elevation, no marked constitutional symptoms, but there are *signs* of some lethal element in operation, destructive to the blood and nutritive processes.

They are quite identical with those phenomena which accompany *malignant disease*, when this involves the *peritoneum* or any of the *abdominal viscera*.

The patient suddenly wastes, loses strength, becomes pallid or of a straw yellow tint, complains of *soreness* over the site of lesion and is depressed in spirits.

Pus formations over the right lateral areas of the lower *two-thirds* of the trunk are singularly prone to lead us into pitfalls in diagnosis; in subphrenic, in hepatic, in renal or appendicular abscesses.

The *physical characters* are particularly what confound us. They are *solid, hard* as a stone, *indolent fixed* and seem to *infiltrate*, precisely as a malignant growth.

Although they are all *primarily* intraperitoneal, by an exudation cell proliferation, they acquire parietal adhesions and later become extra-peritoneal.

The writer recently saw a case of pyelo nephrosis, in which six experienced clinicians agreed on its malignant character. In another case, an able surgeon cut down to dislodge a deep seated "sarcoma," in the right

iliac-fossa, but, a large gush of feculent pus, and a necrotic appendix gave him great chagrin.

Mr. Tuffier certainly exaggerates the diagnostic value of the blood-count, as it is often a most fallacious reliance in septic cases.

Aspirature, the mere deep puncture with the hypo-dermic needle,—a most simple and always at hand expedient would have cleared up all doubt in a few moments. Landau—*Arch. fur Gyn.* 1901—describes at length, the great and large field for this simple and always safe device, as a means of diagnosis in all extraperitoneal suppurations.

We would most strongly and urgently recommend its wider utilization for diagnostic purposes in this class of lesions.

T. H. M.

#### HERNIA THROUGH THE LATTER-AL WALLS OF THE ABDOMEN.

BY F. QUERVAIN.

(Neber den seitlichen Bauchbruch.) *Arch. Klin Chirurgie*. Translated.

BERLIN, 1901.

The author notes the infrequency of this form of Hernia, its anatomy and peculiarities.

He divides lumbar-hernia into the following varieties:

1st. Hernia through either of the defective spaces in the loin, through Petit's or Grynfelts triangle, a defect in the musculature.

2d. Hernia through an abnormal or congenital opening, between the muscle sheaths—hernia—ventralis—lateralis of Wyss.

3d. Hernia succeeding a wound, or a suppuration through the lumbar

areas. We seldom see hernia in this situation after an incision or suppuration, because of the anatomical relations here.

Therefore it is to either group one or two, we must turn for those types oftenest seen.

Dolaus, cited by Braven, speaks of lumbar-hernia, "situated between the false ribs and the iliac crest, following a separation of the fasciæ of the transversalis and oblique muscles. It occurs so rarely that one is in doubt whether it can occur at all without the infliction of an injury."

Linhard accused defective development as a cause. Birkett alleged an undue relaxation of this section of the girth. Grange took a similar view. He said: "Dans certain cas ces involutions ne sont pas dues a une absence partielle des parois abdominales, mais a un affaiblissement des muscles de la paroi, se laissant distendre."

McCready speaks of the occasional weakness of the abdominal wall over the linea Semilunaris of Spigel, though hernia seldom appears here.

The author then records a case in his practice successfully operated. A female—eight and a half months' child, normal at birth, but a fullness discovered by the nurse on the left side when the infant was three months old. On operation, no muscular separation found, but there was a marked thinning and relaxation. On opening the peritoneum, the descending colon came into view. The wasted muscle fibres which came into view were cut away and the divided transversalis and obliqui were firmly apposed over the closed peritoneum. Wound healed solidly without reaction.

The removed atrophic muscles were stained and mounted for study.

The most notable pathological changes were observed, in the sarcolemma of the fasciculus wherein fibrous changes had quite supplanted the muscular striæ. The histories of nine cases gathered from surgical literature are recorded at length.

It is noted that in the greater number there is evidence of congenital influence and other co-existing deformities. The muscle is imperfectly developed and possesses but feeble contractibility. There appears to be no degenerative changes in any of the other investing structures. There is no muscular diastasis nor displacement. What part does the nervous system play here? Evidently a very positive influence, especially the trophic nerves, from causes operating from the central ganglia. We conclude that the causes are evidently very complex, a defect of development, an atrophy in some manner effected by the subcostal nerves.

NOTE.—Those atypical anomalous forms of hernia, of which the lumbar or the iliac is one, are of great interest. Some years ago, the writer went deeply into the literature of them and gave special consideration to the "pot-belly hernia" or eventration so frequently seen even in young women after labor. In this form there are two types, anatomically. In one there is only one excessive diastasis of the lower segment of the recti muscles with a tumbling out of the intestines, which now hang in a bag-like mass over the pubic brim; they are only held up now by three non-contractile structures, viz: the peritoneum, the abdominal fascia and the integument, and the latter sometimes by pressure and tension is reduced to the thinness of tissue paper, so that the peristaltic movements of the in-

testine are easily felt by the fingers. In the second type, the same deformity obtains but there is here a widespread atrophy of muscular tissue, over the greater area of the abdominal girth.

In therapy it is important to bear in mind these two distinct forms, because in the first repair is simple and effective by surgical procedure, while in the latter we must take a different tack; we must resort to support by mechanical means, employ massage and electricity, keep the bowels well open and freed from gaseous distention, with a view of removing all pressure and strain, that muscular regeneration may be encouraged and the deformity removed. In all these cases, if not early remedied, visceral ptosis, displacement of the kidney, liver and stomach is certain in time to follow. A most distressing type of eventration we formerly frequently see, after laparotomies, for appendicitis and pelvic lesions. These were quite generally complicated *i. e.* there were adhesions; the intestine, omentum and all were forced together in the scar—tissue; hence, loops and bridles of new tissue follow to catch and snare the intestine. There is no type of hernia a source of greater danger than this, and fortunately none more responsive to surgical treatment if instituted before myotrophic changes set in. Of late, since the vaginal route has been selected for incision and drainage, and since the tube has been dispensed with in all non-suppurative lesions of the abdomen and pelvis, these troublesome eventrations have become much less frequent.

T. H. M.

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## ***Physiologic Therapeutics.***

IN CHARGE OF

**Dr. W. H. WALLING, PHILA.**

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### **EXPERIENCES WITH HEDONAL.**

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BY. DR. SCHLUTER.

The new hypnotic hedonal has been tested by me in the insane asylum in Gehlsheim in eleven cases, ninety doses being administered. These never exceeded 45 grains, and in only one instance were two doses of 30 grains each given at an interval of one half hour. The ordinary quantity was 30 grains, the highest daily amount 75 grains. The powder was usually exhibited in warm water or warm milk, and less frequently in red wine. It was well taken in all cases, although the patients usually took other drugs unwillingly. The remedy did not interfere with the appetite nor produce intestinal disturbance.

The different cases were as follows:

Case I. Female, 40 years old; primary dementia, with a condition of depression. She lamented monotonously day and night. Amylen hydrate, 60 grains, was ineffective. Opium  $1\frac{1}{2}$  grains, three times daily, and sulfonal 20 to 30 grains at night, relieved her complaints, but did not give her rest. After 45 grains of hedonal early in the morning refreshing sleep of four to five hours occurred in the course of an hour, although there was much disturbance in her vicinity. After thirty grains of the drug at night a calm sleep occurred. For the sake of experiment the morning dose was omitted, and replaced by 30 grains of sulfonal which, however, had a less quieting effect during the day. The entire quantity of hedonal

used in this case was one and one-quarter ounces. After a time the morning dose could be entirely omitted, and soon after the dose in the evening.

Case II. Girl, 18 years old; maniacal dementia, with depression; moderate motor excitement during the day with great desire to talk. Hyoscin 1-100 of a grain and sulfonal 30 grains produced good sleep, while hedonal, 30 grains, had the same effect. After dispensing with all medication, the nights became restless. Chloral, 22 grains, also proved efficient.

Case III. Girl, 31 years old, with occasional attacks of mania, sleeps badly without remedies. Sulfonal 22 to 30 gr. or chloral in the same dose produce sleep of six to seven hours duration. Hyoscin, 1-60 grain, was less efficient. Hedonal, 30 grains, produced sleep of five to six hours, and 45 grains seven to seven and one-half hours. It was noticeable that after a certain time a given dose was less effective, and occasionally the replacement of the hedonal by other hypnotics had the effect that when the remedy was again given it acted satisfactorily.

Case IV. A woman, 23 years old; psychosis with great exhaustion during lactation; a condition of depression with auditory hallucinations. Morphine was not tolerated, while sulfonal in large doses produced refreshing sleep. Hedonal 30 to 45 grains had the same effect; but here also its action became weakened after its continued use in the same doses. After interruption for a time the first results were again obtained.

Case V & VI. In two cases of hallucinatory paranoi with great excitement in consequence of visual



hallucinations, hedonal in doses of 30 grains had the same effect in producing sleep as chloral or sulfonal in doses of 22 grains.

Case VII. Girl, 22 years old, simple melancholia, complains constantly of being sleepless, but according to the nurse sleeps well. After 54 grains hedonal she confessed herself to have slept for five hours, but the effect was only transient.

Case VIII. Girl, 21 years old, with epilepsy. During the attacks of excitement hedonal, 30 grains, acted similarly as chloral in the same dose. Sleep occurred after about one hour.

Case IX. Woman, 57 years old, hysterical dementia; numerous unpleasant sensations over the body and severe mental depression. Sleep partly good and partly restless; always described as bad by the patient. After hedonal in doses of 30 grains complaints regarding sleeplessness were increased, the effect being the same, however, as that of 22 grains of sulfonal.

According to these few briefly described experiments it would not be justifiable to give a positive opinion regarding the utility of the remedy. The observations previously collected, however, would constrain us to continue the experiments, especially for the reason that after large doses of 45 grains the desired effect never failed to occur; and, furthermore, that after these large quantities no unpleasant phenomena of any kind were observed. It cannot yet be said in what cases of sleeplessness the remedy is particularly indicated. It would be advisable, at any rate, not to continue the administration of hedonal for too long a time, but to occasionally replace it with other hypnotics. *Deutsche Med. Wochenschrift*, No. 6, 1901.

## THE USE OF INSECTS AS FOOD.

M. Dagin, a French entomologist, has recently written an article in which he recommends certain insects as an article of diet. He speaks with authority, having not only read through the whole literature of insect eating, but having himself tasted several hundreds of species raw, boiled, fried, broiled, roasted and hashed. He has even eaten spiders, but does not recommend them. Cockroaches, however, he says, form a most delicious soup. Pounded in a mortar, put through a sieve, and poured into water or beef stock, Dagin says they make a purée preferable to bisque. Wilfred de Fonvielle, the French scientist, prefers cockroaches in the larval state. The perfect insect may be shelled and eaten like a shrimp. Then caterpillars are a light food and easy of digestion; not only African and American natives like them, but they are also appreciated by Frenchmen. M. de Lalande, the astronomer, dined every Sunday with the zoologist, Quatremere d'Isjonvalle, and Mme. d'Isjonvalle used to collect caterpillars and serve them to the guest. The locust is much eaten by the Bedouins, and may be enjoyed fried, dried in the sun, ground into flour, boiled in milk, or fried and served with rice. The Jesuit father Cambon thinks that locust flour might become popular in Europe as a condiment. The precise opinions which are expressed by travelers as to locusts differ considerably. Amicis said that they taste like shrimps; Niebuhr, like sardines, and Livingstone, like caviare—another illustration of the differences of palatal appreciation.—*Medical Times and Hospital Gazette*.

DR. HUGO WEBER, of St. Johann-Saarbrücken, writes in "Medico," (Berlin, September 4, 1901), "On the Treatment of Tuberculosis of the Lungs by Means of Carbonic Acid," and shows that all the recognized methods of handling the disease are finally dependent upon it. Besides the various nutrient and therapeutic measures which he recommends, he lays especial stress upon increasing carbonic acid production by the administration of Levulose, which is oxidized in the body much more completely than any other sugar, and hence is well borne by diabetic patients also. He administers a heaping teaspoonful of Schering's preparation four times daily. And since Levulose is a nutriment rather than a medicine, it does not matter whether it is taken before or after eating, or with the food and drink. The classical investigations of L. von Alder and Clemm (Therapeutische Monatshefte, August, 1901), have shown that fruit sugar or Levulose increases the amount of gastric juice whilst diminishing its acidity; hence, it is not only a most excellent nutriment, but actually aids and stimulates digestion. No wonder, he says, that he has been able to cure a whole series of cases in the initial stage of phthisis pulmonum with this medication alone. In advanced cases of tuberculosis, where cavitation has occurred, Levulose, or the production of carbonic acid by any ordinary means alone, was not sufficient, and Weber employed hypodermic injections of chemically pure liquid paraffine, with the idea that then hydrocarbon, when absorbed by the body, would be converted into carbonic acid and water. By this combined process, Levulose internally and paraffine in-

jections, he has been enabled to cure patients in advanced stages of tuberculosis, such as are often met with in ordinary practice. Out of the fifty-two cases which were reported in the March number of the Therapeutische Monatshefte of this year he has cured thirty-two; fourteen are considerably improved, and only six have died.

#### ON ANALGESIC METHODS AND THEIR RESPECTIVE LIMITATIONS.

Prof. J. v. Mikulicz, of Breslau, says:

"Apart from the minor procedures, numerically important though they may be in medical practice, the only local analgesic that we need consider nowadays is cocaine and its surrogates, Eucain, tropacocain and holocain.

"I refer the reader to the communications made by Gottstein in the years 1896 and 1899 in regard to the technique of local anaesthesia as practiced in my clinic. I shall only remark here that we employ the following solution for infiltration anaesthesia:

Cocain Hydrochlorate, 0.5 gram ( $7\frac{1}{2}$  grains).  
Beta-Eucain Hydrochlorate, 0.5 gram ( $7\frac{1}{2}$  grains).  
Chloride of Sodium, 2.0 gram (30 grains).  
Distilled Water, 1000.0 gram (32 $\frac{1}{2}$  ounces).

"We do not add the morphine, as originally recommended by Schleich; for, as is well known, it has no local effect at all, and sometimes shows a very undesirable general one. When it is deemed necessary to get an additional morphine effect, we give a subcutaneous injection of 0.01 gram ( $1\frac{1}{6}$  grain) of the drug half an hour before. We have employed the methods of Oberst and Hackenbruch exactly as prescribed by the authors."

(Abstracted from the "Archiv für klinische Chirurgie," Vol. 64, Part 4, Berlin, 1901.)

### TETANUS.

Maschowitz, Boston Medical Surgical Journal, in a paper which he read at the meeting of the New York County Medical Society, summarizes his views as follows:

1. All forms of tetanus are caused by the bacillus of Nicolaier; hence the diagnosis of rheumatic or idiopathic should have no room in our nosology.

2. The tetanus toxins appear to have a distinct affinity for the anterior horns of the spinal cord, which may be distinctly recognized by Nissl's method of staining.

3. The cerebro-spinal fluid of tetanus patients is more toxic than the blood.

4. The anti-toxin therapy appears to have a distinct influence upon the course of tetanus.

5. With the anti-toxin treatment the mortality percentage has been reduced from about ninety per cent. to forty per cent.

6. Although the use of the serum is the most important factor in the treatment of tetanus, the other recognized therapeutic measures should not be neglected.—*Texas News.*

THE curettage of the uterus is by far a more dangerous operation than abdominal section, and I think the consensus of gentlemen who have a large hospital experience will be that more women are crippled for life by the use of the curet, dull or sharp, in the hands of the incompetent general practitioner or a gynecologist in embryo, than any other procedure in surgery. I have removed not less than thirteen uteruses subsequent to incompetent curettage. — Sherwood Dunn, *Internat. Jour. of Surgery*. Note in *Milwaukee Med. Jour.*

### THE TREATMENT OF EPITHELIOMA WITH ARSENIC IN ETHYL ALCOHOL.

S. Czerny (*Gazeta lekarska*), recommended in 1897 the application of alcoholic solution of arsenic to cancers of superficial parts of the body, such as the nose, lips, ear, tongue, breasts, etc. Since then he employed this method in a large number of cases with excellent results. The solution is made up by adding 1 grm. of powdered arsenic to 100 c. c. of 50 per cent. alcohol. The applications are made daily. After the first application the patient experiences a slight pain, which may be relieved by a 10 per cent. solution of cocaine. On the following day a dry scab forms, which gradually extends and finally drops off. The affected tissue is turned black by arsenic, while the healthy structures are covered by a yellowish crust, thus offering means of differentiation. Small ulcers may be entirely cured in two to four weeks.

### PERITONITIS CONSECUTIVE TO VULVO-VAGINITIS IN LITTLE GIRLS.

At a meeting of the Medical Society of the Hospitals, MM. Comby and Gadaud reported the cases of little girls attacked by peritonitis, probably gonorrhœal, and in whom the diagnosis was first made.

The first child was 12 years of age. She was suddenly seized, during convalescence from typhoid fever, with abdominal pain and vomiting. Laparotomy was decided upon, but was not immediately practised, as the surgeon had not been authorized by the parents. The delay was fortunate, for on the following day there was decided amelioration, and recovery was rapid. The absence of precise lo-

calization of the abdominal systems and the occurrence of a purulent vulvo-vaginal discharge connected the peritoneal manifestations with the vulvo-vaginitis.

The other two cases were similar to the first. They likewise began abruptly with abdominal pain, vomiting, fever and drawn faces. Operation was on the point of being performed when, contrary to what had been expected, gonorrhoeal peritonitis, and not appendicitis, was diagnosed. Recovery took place under a purely medical treatment, application of ice, injections of artificial serum and morphine to allay the pain.

These cases show that a diagnosis of appendicitis should not be made in little girls without examining the genital apparatus. The agents which excite vulvo-vaginitis may, in fact, gain the peritoneum by way of the uterus and tubes, and a superficial examination of the abdomen in such cases will prompt a laparotomy, which is at least useless, since the affection is curable by medical means.—*La Tribune Medicale*

THE New York School of Clinical Medicine, 328 West Forty-second street, begins the winter series of Tuesday Evening Lectures on January 7, 1902. These lectures are independent from the regular courses of instruction, and a cordial invitation is extended to members of the medical profession:

January 7th—Operative Treatment of Traumatic and Pathological Lesions of the Joints. Dr. Robert H. Cowan.

January 14th—The Chemico-Microscopical Examination of the Stomach Contents for Purposes of Diagnosis. Dr. Heinrich Stern.

January 21st—Inebriety and Its Pathology. 22d — Treatment and Cure. 23d—Questions of Legal Responsibility. Dr. Thomas D. Crothers.

January 28th—The Action and Application of Periodic Induced Currents of Electricity in Diseases of the Female Pelvic Organs. Dr. Augustin H. Goelet.

February 4th—Diagnosis and Pathological Characters of Tumor Formations in the Right Lateral Half of the Abdominal Cavity. Dr. Thomas H. Manley.

February 11th—Practical Points on Pessaries. Dr. A. Ernest Gallant.

February 18th—Headaches. Dr. J. Albert Meek.

February 25th—Mechanical and Surgical Treatment of Hernia. Dr. Carl E. Pfister.

March 4th—Tuberculosis of the Larynx. Dr. Max J. Schwerd.

#### CHANGES IN THE MEDICAL CORPS OF THE NAVY.

*For Week Ended December 7th.*

November 29th. P. A. Surgeon H. H. Haas, detached from Norfolk Navy Yard, and to the Kearsarge for duty with the Marine detachment.

November 30th, Asst. Surgeon F. M. Furlong, when detached from New York Hospital, ordered home on sick leave for two months.

December 4th. Asst. Surgeon P. E. McDonnold, detached from the Constellation, when discharged from Naval Hospital, New York and ordered home with one month's sick leave.

December 5th. Asst. Surgeon W. M. Garton, detached from the Naval Academy and ordered to the Naval Hospital, New York.

Asst. Surgeon J. B. Dennis, de-

tached from the Naval Hospital, New York and ordered to the Naval Academy, upon reporting of relief.

*Week ending December 21, 1901.*

Asst. Surgeon John B. Buchanan, appointed from Nov. 23, 1901.

Medical Director R. C. Persons, commissioned from Nov. 3, 1901.

Medical Inspector E. H. Green, commissioned from Nov. 3, 1901.

Medical Inspector L. G. Heneberger, commissioned from Oct. 29, 1901.

P. A. Surgeon H. H. Haas, commissioned from Dec. 28, 1900.

P. A. Surgeon C. A. Crawford, commissioned from June 1, 1901.

P. A. Surgeon E. Thompson, commissioned from April 19, 1901.

Asst. Surgeon D. G. Beebe, resignation accepted to take effect Nov. 30, 1901.

Medical Director A. L. Gihon, retired, died Nov. 16th, at New York City.

Asst. Surgeon E. Davis, died Nov. 15th, at East Las Vegas, New Mexico.

*Week ending January 4, 1902.*

January 2. Assistant Surgeon R. C. Holcomb, detached from duty with the Marine Battalion, Cavite, P. I., and from the Helena, and ordered home to wait orders.

Assistant Surgeon R. M. Young, detached from the Constellation, and ordered to the Asiatic Station, via the Rainbow as the relief of Assistant Surgeon R. C. Holcomb.

Assistant Surgeon J. B. Buchanan, detached from the Columbia and ordered to the Constellation.

Assistant Surgeon E. M. Blackwell, ordered to the Columbia.

Assistant Surgeon A. M. Fauntleroy, detached from the Naval Academy and ordered to the Naval Hospital, Norfolk, Va.

Assistant Surgeon P. E. McDonnold ordered to the Naval Academy.

*Week ended January 11th.*

January 3. P. A. Surgeon W. B. Grove, ordered to the San Francisco.

January 7. P. A. Surgeon W. C. Braisted, detached from the Topeka, and ordered to the Naval Hospital, New York.

Assistant Surgeon F. M. Furlong, ordered to Vicksburg, Miss., for duty at the naval rendezvous, and to the Topeka upon completion of recruiting duty.

January 8. Assistant Surgeon E. O. Huntington, detached from the Columbia, and ordered to the Naval Hospital, New York.

Assistant Surgeon F. L. Benton, detached from the Naval Hospital, New York, and ordered to the Columbia.

January 9. Surgeon C. P. Stokes, detached from the Solace and ordered to duty at Guam, L. I.

Surgeon F. A. Hosler, ordered to remain on duty at the Asiatic Station.

Medical Inspector J. R. Waggener, ordered to the U. S. T. S. Constellation.

Medical Inspector W. A. McClurg, detached from the Constellation and ordered home to hold himself in readiness for sea duty.

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I HAVE no hesitation in saying that I consider Peacock's Bromides invaluable, and have for years used it exclusively in my Sanatorium, where bromides were indicated. Commercial bromides are crude and rank as compared with Peacock's. The greatest danger of injury to the patient and the product lies in substitution. I now only buy from my wholesale druggist in dozen lots.

ALLAN MOTT RING, M. D.  
Arlington Heights, Mass.